Clinical Waste Discussion Forum

An occasional newsletter from the Clinical Waste Discussion Forum

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Please support the *Clinical Waste Discussion Forum*

Tell you colleagues, please display this Newsletter, and put a link on your own web site

A warm welcome to the third edition of the ***Clinical Waste Discussion Forum*** Newsletter. It will be distributed by email to those who have signed up for a copy at http://www.ianblenkharn.com, and will be posted on that web site for download by others who may wish to read a copy.

The ***Clinical Waste Discussion Forum*** is proving to be very popular, and has been mentioned at at least two national meetings. Slowly we are establishing a foothold as an independent Forum for the discussion of any matter related to clinical wastes, from initial disposal through all stages to and beyond their final destruction. It is here for everyone, whatever their concerns or involvement.

Analysis of server data shows many visits, and repeat visits, with an increasingly long dwell time. The long-term success of the Forum is critically dependent on its' contributors – please do post a message, respond to existing messages, ask or answer a question, get things off you chest - make your point!

The Forum is entirely non-commercial, though we welcome input from everyone including commercial organisations – just no selling please. Two recent posts have been blatantly commercial and were promptly removed. Let's keep it that way.

Another Code of Practice, another Health Technical Memorandum – but will it make things better?

News and views!

One of the main reasons for creating the ***Clinical Waste Discussion Forum*** was to bring together different groups and professions, to share their experiences and expertise, and to provide a forum for the exchange of information. This time, the overwhelming concerns raised on the Forum have been the forthcoming HTM 07-01 Safe Management of Healthcare Waste. See page 2.

Waste management in developing countries, hospital hygiene, PPE use and the Healthcare Commission report on the Stoke Mandeville *Clostridium difficile* outbreak have all been aired in the ***Clinical Waste Discussion Forum***.

And then, there was that TV programme! *When Kim and Aggie Went to Hospital*! A look at the not particularly good standards of waste management in a busy London acute hospital. A brave move by the hospital concerned, highlighting the immense, sometimes overwhelming, difficulties and the day-to-day realities of healthcare waste management. Perhaps the authors of HTM 07-01 should have taken note – some practical front-line experience could have been invaluable. And who spotted the "deliberate mistake"? *More inside.*

Please do join in the discussions.

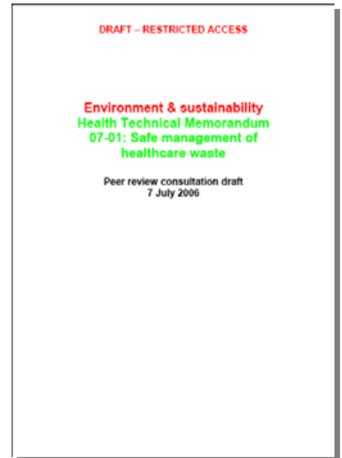
Thanks to our sponsors

Cliniserve Limited have provided generous sponsorship to cover the set-up and management and maintenance costs of the ***Clinical Waste Discussion Forum***. We are tremendously grateful to them for their generosity and support, and for the contributions that the Company and its staff are making to the continuing discussions that appear in the Forum.

Safe Management of Healthcare Waste
Health Technical Memorandum 07-01

The revision of the HTM 07-01 *Safe Management of Healthcare Waste* is imminent. Much work is in hand to launch the document, with presentations at various meetings and conferences over the next few weeks. It needs all the help it can get.

The ***Clinical Waste Discussion Forum*** has seen much comment on the document, at the time of its release for initial public consultation, and later with the release of a pre-final draft. Several downloads are available on the Forum website.



HTM 07-01 On it's way to a waste bin near you soon ?

Overall, a clear message is apparent. Waste producers, the waste industry and others see this as an unnecessarily complex document that is badly structured, contains a great deal of superfluous information but little substance, and seeks to introduce a great deal of change that is too costly and largely unsubstantiated by any possibility of improvement. Indeed, many commentators highlight massive costs in implementation, and a great potential to introduce rather than eliminate error in disposal. It is the view of many that the document is a mess, largely unworkable and should be withdrawn for a fundamental root and branch reworking before any damage is done.

Several comments were received, from different sources, telling of dissent and disagreement among the drafting group who were reported to have reached impasse. We were told at that point that the document was released for Public Consultation. Premature perhaps, if the reports were accurate. And we must point out at this stage that on speaking with the HTM 07-01 Chairperson, we received an unequivocal rebuttal to these suggestions and an assurance that the responses from Public Consultation would be carefully reviewed, considered at length, and incorporated as appropriate to reflect the input from the Public Consultation process. Comparing pre- and post-consultation (pre-final) drafts of HTM 07-01 against the consultation responses from several respondents, it is difficult to see to what extent this assurance has been fulfilled.

But here it is. Launch is imminent. Much hard work is in hand to make sure that after its launch, the ship floats. I anticipate stormy waters ahead, and HTM 07-01 may flounder. Quite reasonably, others may feel that HTM 07-01 delivers a significant advantage and certainly we must try and make it work, though where failures are inevitable, and costs too high, we should not hesitate to say so. The purpose is to make things better, safer, and more efficient. The ***Clinical Waste Discussion Forum*** will no doubt keep a close eye on things as they progress, and we welcome your comments on this important subject. And if those at DEFRA and DoH, who are working hard to complete the launch of HTM 07-01, would like a page to present their work we would be delighted to make space available - the ***Clinical Waste Discussion Forum*** and this ***Newsletter*** are dedicated to giving equal voice to, and to receive comment from, everyone with an interest or involvement in clinical wastes.

Ian Blenkharn

Discussion Forum usage statistics

Web statistics are provided by our web host and provide some interesting information about visitors to the ***Clinical Waste Discussion Forum***. Presently we are getting somewhere between 30 and 60 visitors per day. Most are from UK or Ireland; about 10% each are from Europe, US, Asia and S America. Most visitors view a minimum of 5 pages (posts) each, some substantially more. What is perplexing is that so few take the next step and post a message, though there has been a steady stream of direct emails and some phone calls to the Moderator to comment or expand on existing topics, or ask questions about clinical waste issues. Everyone is welcome. Emails and phone calls are fine, but the ***Clinical Waste Discussion Forum*** is the easy way to share your views or ask a question, comment upon something that has appeared, pass on a snippet of news or a piece of useful information, or just to say Hello. The more individuals and organisations taking time to post messages, the more successful the ***Clinical Waste Discussion Forum*** will be, and the more useful a resource it will become.

And in case you were wondering, we get the usage statistics by analysis of IP numbers, the unique code that identifies each and every computer attached to the internet. It all sounds rather Big Brother'ish but is an inevitable, and quite useful, feature of the internet. *Rest assured those who choose to remain anonymous will not and can not be identified.*

We need your help

The ***Clinical Waste Discussion Forum*** will only be as good as its contributors. We are getting a good placing on the major search engines such as Google, MSN and Yahoo, and are working hard to maintain and improve those rankings. Thanks are due to the many individuals and organisations who have put a link to us on their own sites. It would be great to have your help in encouraging others to do the same, and to spread the news of the ***Clinical Waste Discussion Forum***. The more users and contributors that we get, the more effective the **Forum** will become. Please help spread the word.

Discarded sharps

There are a lot of sharps out there. In the Community, discarded needles and syringes, drug-contaminated drinks cans, drug wraps, blades, lemons and other drug paraphernalia are becoming increasing common. Few communities are spared, and some areas have become such regular haunts for drug users, and the problem so difficulty to eradicate, that sharps bins have been mounted in public spaces.

Several posts to the ***Clinical Waste Discussion Forum*** have touched on these problems. Perhaps the most saddening was of the West London guy who has been giving football coaching to kids from some of the toughest parts of the Capital, providing some focus and purpose in their lives, and hopefully steering at least some of them to a marginally brighter future than their environment would offer.

He runs the coaching sessions on Wormwood Scrubs - a huge area of public land largely devoted to sports - and describes the ritual in some detail. Get changed, mark out a playing area, then everyone lines up to search carefully and methodically for dog litter and discarded syringes. Needle and syringe finds are particularly common. All praise to this particular venture, but what chance have these kids got in an environment like that?

Local authority action

Clearly, there is still a long way to go, managing the issues that surround clinical waste finds in the community. Clearing drug wastes from public land needs to be much better. In the case of finds on private land, most Local Authorities refuse to act. And though Councils are bound by a legal framework and must keep an eye on costs, we should question why they do not take immediate and direct action, if clinical wastes or other hazardous wastes arise on accessible private land. If the wastes pose a danger to the public, these should be cleared and the land owner billed accordingly. In other circumstances, sharps and other hazardous items dropped into private gardens become the responsibility of the homeowner – surely something can be done to help?

This is not a new or radical concept - there are many comparable situations - the Borough Surveyor, for example, would not hesitate act about an unsafe building irrespective of ownership, so why do Councils shy away from this approach? The Environment Agency can and do act in circumstances such as these, but in most cases responsibility falls on the Local Authority, and generally responses are inadequate. Pre-emptive clearing of hazardous items dumped on private land may sometimes result in funds lost if costs cannot be recovered, but that is surely not important - the hazard is cleared, and safety is secured quickly and efficiently.

That is a primary function of Local Authorities. Perhaps we need new and specific legislation, to place the onus upon Local Authorities to deal with such matters while ensuring their ability to recover costs from landlords. Somehow, I rather suspect that the legislation already exists, and that what is needed is the will to apply it. This need not be thought of as Fly Tipper's Charter, though I suspect some will choose to view it that way - if a fraction of the effort that is devoted to chasing landlords while allowing the hazard to persist was directed to clearing these hazards and then billing the landowner, delay would be avoided and the condition of the environment would improve immeasurably.

Audit

In an ongoing audit of Local Authority approaches to the retrieval of drug litter, some surprising anomalies arise. Of 271 Authorities so far audited, 68 made a clear and unambiguous statement that they will not, under any circumstances, deal with sharps finds unless these are on land in public ownership. Another 195 did not define the limits of their services. Just 8 stated that they will deal with finds on private land where there may be a danger to the public, or in circumstances where a householder finds a discarded syringe or needle in their garden and does not have the resources to deal with this safely. Overall, service standards were poor. Few Authorities provided an urgent service with retrieval within 2-4 hours of reporting (n=7), or even within a 24 hour target (n=26). The vast majority did not define any specific service standard (n=238), though accepting reports of needle finds only during office hours implies a level of service that fails to address the potential safety implications of discarded sharps in the community.

And what about safety? Local Authorities should be the first call for those who wish to report needle finds in the Community. Simple, straightforward and effective safety advice is appropriate. But how good is this? “Do not touch” is the obvious instruction, but 14 Local Authorities invite the finder to pick up needles in order that they can be retained while awaiting protection! Around half ask that sharps finds are not covered as this makes the task of retrieval staff more difficult, but the other half say cover sharps to protect others. What to do for the best? And if it all goes wrong and a sharps injury happens, what is the appropriate action? Only 18 of 271 Local Authorities give comprehensive advice, that includes making a wound bleed and seeking immediate assistance from a GP or Hospital Emergency Department. Others suggest a trip to a GP is appropriate but give incomplete or possibly misleading advice that does not convey any need for urgency (n-51. And one Local Authority really takes the biscuit – if you suffer a sharps injury “*write for our free advice leaflet*”!!!!

Technical issues

Some users of the ***Clinical Waste Discussion Forum*** may experience difficulties replying to existing posts due to one of the more troublesome default settings of Norton Internet Security.
If you can access the Forum and read messages, but cannot scroll through messages using the [previous] and [next] options, and cannot [reply] to messages, there are a few minor change to make to the Norton Internet Security settings. Details of these changes at http://www.ianblenkharn.com.

Change ahead?

We are experimenting at present with a radically new format for the ***Clinical Waste Discussion Forum***, that offers much greater flexibility for users. It is hoped that early in the new year we will be able to roll out a new and vastly improved ***Clinical Waste Discussion Forum***. Features will include much improved search facilities, uploads and downloads, vastly improved message listing, themes and thread management to allow quick screening of new posts, personalised flagging of new posts and threads, configurable graphic interface, email notification of posts and of responses to posts, personal profiles (but still with the option to remain anonymous, direct personal messaging and an open email system between registered users.

For those interested in the "techy" bit, the system is likely to run using phpBB, a high powered, fully scalable, and highly customizable Open Source bulletin board package. phpBB has a user-friendly interface, simple and straightforward administration panel (I hope!), and helpful FAQ. It is based on the powerful PHP server language and SQL or Access/ODBC database servers, and has been developed as a free community solution for all web sites. The aims, standards and rules of operation of the ***Clinical Waste Discussion Forum*** will remain as at present, though we are considering expanding the remit to include a Discussion Forum covering all hazardous wastes. One important feature will be the ability to hide email addresses while permitting uses to contact each other both directly and indirectly. This should thwart those who automatically trawl bulletin and discussion boards, capturing email addresses and using these to propagate spam and send us yet more of those irritating e-waste!

Stay tuned, and keep your fingers tightly crossed……….

Is this YOUR page?

Have you got a burning issue, some good news, an announcement or some information, perhaps some gossip, that you want to share with others. Well, the first stop must be a message posted to the ***Clinical Waste Discussion Forum***. But if you want to follow up with a more detailed entry in this Newsletter, please do get in touch. At present, we can take articles up to about 1,000 words.

There will be a space waiting for your input. The general rules of the ***Clinical Waste Discussion Forum*** will apply, ie no blatant advertising, honest, decent etc (read *The Boring Bit* on page 6). Apart from that, please feel free!

Ian Blenkharn
blenkharn@ianblenkharn.com

Useful resources

There may be many resources available to the clinical waste community, some free for use and others chargeable. Information guides, web sites, software tools, catalogues, method sheets, and of course the ***Clinical Waste Discussion Forum***!

If you have or know of any tools that might be of value to others please post a message in the Discussion Forum. We will compile a list for the benefit of others who may be unaware them. If you find a particular resource useful, share it with others.

The Department of Health have released an Excel spreadsheet highlighting the cost to NHS Trusts of MRSA infections, and of all other healthcare-associated infections. The spreadsheet gives numbers of reported cases for 2003/04 and for 2004/05, with projected figures for 2005/06 and 2006/07, and a target for 2007/08. In each case, costs/year are indicated, as potential savings if these infections can be prevented. Also included are a brochure concerning the delivery of "*Sustainable Change for Cleaner, Safer Care*" and a pocket guide for Chief Executives and Trust Boards - "*Meeting the MRSA target and increasing productivity*".

What went wrong?

The middle part of June was not a happy period. Users will have noticed that the ***Clinical Waste Discussion Forum*** was mis-behaving for some days, and was then disabled completely for around 10 days.

By chance, the webbot that drives the Forum was corrupt. Consequently, each message posted became linked with another earlier message and, to use the technical expression, the whole thing was scrambled. Once this had been noted, recovery from the daily server-side or home backups should have been straightforward. Sadly, this just was not the case.

While the back-ups were being restored, unbeknown to everyone the additional server-side recovery system was running automatically. In essence, there were two slightly different recoveries running simultaneously. When this didn't work, we went back to the next set of daily backups but the same thing happened, over and over , each time in conflict with the hidden server-side autobak feature. End result? A whole heap of scrambled recovery and backup files that, as far as we could tell, just didn't work!

There was probably some clever techie way of resolving this problem, other than turning off the autobak feature that was running in the background (and unbeknown to us all). We concluded that the safest approach was to restore each message one-by-one. This was inevitably a slow and tedious process, but has hopefully resolved the problem. Fingers crossed that this won't recur, and sorry for the delay. But at least we have learned more about the problems that might occur, and the solutions – but then, if we change everything next year (see opposite), it's back to the drawing board!

Research programme – we need your help

Infections, accidents and near-misses with clinical wastes

Clinical wastes present several clearly defined risks. They may transmit infection, ranging from the troublesome but relatively minor infection of a traumatic wound, cut or graze, or infections of the gut and respiratory tract (chest infection), to more serious and possibly life-threatening infections caused by a range of viruses. Other hazards include allergic reactions, and exposure to toxic or corrosive chemicals including disinfectant and pharmaceutical residues. There are risks of physical injury (cuts, scrapes, sharps injury), as well as slips, trips and falls, vehicle- and equipment-related accidents, and manual handling injuries.

Accidents happen – tell us what happened, and help promote best practice

Many reports, guideline, and Codes of Practice have each considered the risks, and ways in which they may be reduced or eliminated. Although "needlestick" or "sharps" injuries have been studied in great detail, mainly among healthcare workers, due to the complexities of study there has been no single authoritative study that defines overall the incidence (frequency) and types of problems that occur when handling clinical wastes.

Questionnaires are invaluable in gaining detailed information that can indicate current practice, and identify problems and their remedies. We hope that the information obtained from this questionnaire will go some way to identifying the range of hazards involved, their severity, and methods or procedures by which these hazards can be reduced or eliminated. Significant findings will be published in an appropriate scientific journal, with care to ensure sources of data remain completely anonymous,

Your help in completing a relevant questionnaire will be greatly appreciated.

All data will be treated in STRICT CONFIDENCE

Identities will NEVER be divulged

Research data are being reviewed in association with anonymised reports from RIDDOR, and thanks are due to Health & Safety Executive for their assistance in this study. So far, the data suggest an incidence of needlestick injuries associated with the removal of bagged clinical wastes higher than has previously been reported. Interestingly however, reported needlestick injuries among commercial waste management company employees are remarkably low. Of course, that is just not believable and indeed contradicts my own observations in that area, In identifying these data, the study highlights additional issues, such as the clarity of RIDDOR guidelines that do not encourage reporting of all needlestick injuries, together with a reticence among employers who fear RDDOR reports will precipitate unwelcome HSE investigations, and spoil an otherwise acceptable safety record!

Please take a look at the questionnaire, accessible at http://www.ianblenkharn.com – select *Questionnaire* from the menu. Add your own data, from personal experience, accident book records etc. Please encourage your Safety Supervisor or Manager, and encourage colleagues to make an entry.

The more data that is obtained the better will be the conclusions drawn, that are intended solely to promote best practice.

Hand hygiene for those handling clinical wastes

Another important study launched on the ***Clinical Waste Discussion Forum*** addresses hand hygiene for workers handling clinical wastes. The correct use of gloves, of the appropriate type, is a key step in safe working practice. But when gloves are removed, hands really should be washed. What happens in the workplace - is a wash hand basin close to hand, properly serviced and properly maintained? And how often is it used?

This is even more important for staff collecting wastes from their point of arising, whether porters collecting wastes from hospital wards, handling/transferring wastes at an outdoor storage bay, or the commercial contractor visiting numerous locations to collect clinical wastes from hospitals, GPs and clinical etc. How often are gloves use? Hand washing facilities may not be available or accessible, except for those using trucks having integral hygiene facilities. But if they do not, what, if any, alternative strategies are used?

Please make comment in the ***Clinical Waste Discussion Forum***; let us know what your policy is. Or you may to prefer to email me directly at blenkharn@ianblenkharn.com.

These questionnaires will remain open until the end of December 2006. Please take a look, add your data and contribute your experiences to these research projects

Is your bin bugged?

There has been much news recently about Local Authority "bin bugs", electronic recording devices for waste bins to monitor the weight of domestic refuse per household as a prelude to disposal charges. What about the implications for clinical waste disposal?

Bin bugs are fitted discretely beneath the lip of wheelie bins

Tags cost about £2 each, though the monitoring system is in excess of £15k. For the waste disposal sector, this is clearly a useful system. And perhaps also for large hospitals who might use them for an annual audit. This system would enable a Trust to accurately monitor waste production per ward or department, quantify wastes from embedded units to facilitate cross-charging, raise awareness of waste volumes, and monitor disposal practices by screening for overweight bins.

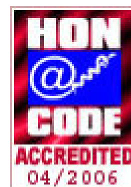
No Trust is likely to justify the capital outlay, though the system seems to be efficient and effective, and might be cost-effective even for occasional use. The time and effort saved by automatic tracking will be considerable. Leasing options would be ideal, perhaps facilitated by the waste disposal sector as part of a value-added service for their clients.

Is your bin bugged? There could be a wealth of useful management information available is it was.

Bin bugs are fitted discretely beneath the lip of wheelie bins

The boring bit!

1. The ***Clinical Waste Discusion Forum*** is presented "as is". It is intended as an open information exchange, to facilitate the exchange of news, views and opinions. Feel free to post questions, or to offer answers to the questions posted by others. Your opinion and experience will be valuable to others, and we hope that this Forum will provide an easily accessible means to share knowledge, to develop or maintain best practice, and to seek advice from others.
2. We welcome the involvement of all those interested or involved in the handling of clinical wastes and related healthcare wastes, from bedside to end-disposal.
3. Please select an appropriate THEME for your message.
4. Do not duplicate messages unnecessarily.
5. Posted messages are reviewed daily, but will appear live as soon as you press the POST button.
6. Anonymous posts are permitted, but we would prefer that you included your name, email address and affiliation when posting messages or replies to messages.
7. To remove any message, please email the Moderator.
8. We place no restriction on users, who are entirely free to post relevant messages and responses to messages.
9. The Forum is not a free advertising service. Though we welcome and support posts from any commercial organisation, blatantly commercial use of this Forum will not be permitted. Any such posts may be subject to editorial change or to rejection. The originators of such posts will be notified of such decisions by email.
10. Ian Blenkharn publishes this ***Clinical Waste Discussion Forum***, in association with Cliniserve Limited. We take all reasonable measures to ensure that the information posted in the Forum is accurate. Nevertheless, we give no representation or warranty, whether express or implied, regarding the Forum or its contents, including, without limitation, any warranty of accuracy or completeness of the information posted on the Forum or its contents. Any decision made by a visitor to this Forum based on information presented therein is the sole responsibility of that visitor. Ian Blenkharn and Cliniserve Limited or any of its directors, employees or agents accepts any liability for loss or damage including, without limitation, any special, direct, indirect or consequential loss or damage or other losses or damage of whatsoever nature arising out of or relating to the use of this Forum or its contents.
11. Ian Blenkharn and Cliniserve Limited will accept no responsibility for any information contained in any other website accessible by hyperlink or by other means from messages posted on this Forum.
12. Editorial decisions are final and absolute.
13. The Forum may be suspended or withdrawn without notice at the sole discretion of the owner.



Is it a Syringe?
Is it a Sharps Injury? …………….. No, it's a Toy!

There are lots of syringes and needles discarded in the community. Most towns and cities face a daily problem with drug litter. It may not always be visible, but it is there and sharps injury among those tasked with clearing these items is a constant worry. Also at risk are those who use open spaces and recreational areas. Needle injuries are not uncommon and there is a steady stream of press reports telling of the anguish of families caught up in these tragedies. Children are frequent victims.

Transmission of bloodborne virus related to a community sharps injury from drug litter has not been recorded in the UK. But the risk is high. Drug addiction is at its highest, and despite the undoubted value of needle exchange schemes and the work of the various drugs agencies, a great many syringes and needles end up discarded in parks and gardens, public toilets, playgrounds, cemeteries, and other areas frequented by drug abusers. Clearing this drug litter is an acute problem, though many Local Authorities have a long way to go to attain a reasonable, and safe, standard of performance (see page 3).

What are the implications of such a sharps injury? Child falls in the park and jabs himself on a discarded needle. Mum is terrified of the consequences and off they go to hospital. Apart from the pain of injury, the little chap may have blood tests, immunoglobulin administration and possibly anti-retroviral therapy lasting for weeks or months. Those drugs are unpleasant, with unwelcome and painful side effects. Repeat visits and follow-up require more blood tests over a period of up to 6 months. Throughout the entire period, there is great distress for the whole family. Adverse insurance implications may stay with the casualty for the rest of their life.

What to do when a child comes home and says "his friend found a syringe in the park, and gave him an injection"?

Now consider little Jimmy. He arrives home and tearfully explains to Mum that while he was playing in the park, his friends gave him an "injection". Frightened by this, he fell on one of the syringes and it cut his leg. He certainly has a fresh cut and all the right alarm bells start to ring. Off they go to hospital. When asked for more detail, Jimmy describes the syringe - his story is very convincing. Someone must make a decision and consider if it is appropriate to initiate treatment, or sit tight, wait and hope. Those are the scenarios that underlie each of the reports which appear in the press, concerning reported sharps injuries to children coming across discarded drug litter.

But was it drug litter that little Jimmy fell on? Did he have an "injection"? The picture is of a ball point pen made to mimic blood-filled syringes. Propelling pencils are also available, complete with graphite "needle". They are manufactured in the China and on sale throughout Europe. They are CE marked. The backlash against the sale of toy guns, that were thought to give children an unwelcome and inappropriate message, could be extended to include the prohibition from sale of these "syringes". We really don't make it very easy for ourselves, do we?

When Kim and Aggie Went to Hospital

When Kim and Aggie Went to Hospital
20:00 - 21:00, Wednesday 30 August - Channel 4 TV

"*With media reports questioning NHS standards of cleanliness and warning of the threat of MRSA, Kim Woodburn and Aggie MacKenzie, stars of How Clean is Your House?, visit Ealing Hospital in west London to examine the standards of hygiene on British wards*"

"Welcome to the gunk-filled world of Aggie McKenzie and Kim Woodburn, transported this week on Channel 4 from dirty homes and people's armpits to an NHS hospital, grappling with hospital-acquired infections. Television's queens of clean, who previously appeared in How Clean is Your House? and Too Posh to Wash, have taken their skills at spotting and blitzing dirt to Ealing Hospital, in West London, a unit that had the third worst rate of MRSA infection in the UK in 2003.

"Given that one patient in ten catches an infection in hospital, and that hospital-acquired infections kill about 5,000 people in England every year, the tone of this one-hour special is a little more serious than their usual romps. Though the programme covers only one hospital, what it finds is both reassuring and shocking.

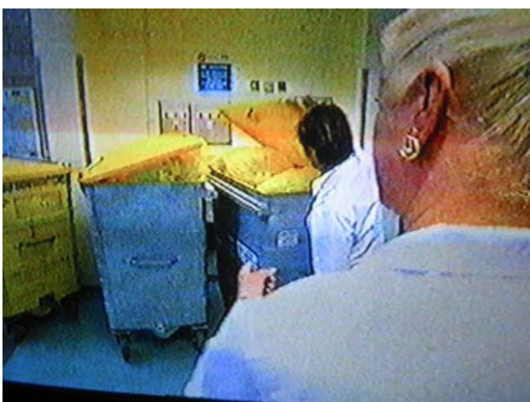
No gloves! Get your hands out of those clinical waste sacks!

The early TV trailers for this programme showed these two know-it-alls peering into the depths of a part-filled clinical waste sack, squealing at the sight of blood within and shrieking at some of the other horrors that it contained! All in gloriously colourful close-up.

Shock! Horror! What else was this sack expected to contain? And where else would these two self-appointed "hygiene experts" suggest that it should go? The programme was hopelessly over-the-top, but all credit to the makers for not going too far and remembering to admit that their "findings" - even those that really did seem to be stage managed - reflected the difficulties faced by hospitals in maintaining the high standards of hygiene that we all expect and not just poor performance by those who work there - they really do try hard, and work hard. And all credit to the Hospital too, for being open and honest about it.

And that deliberate mistake? I was hugely concerned about these two Pantomime Dames, elbow deep in a yellow clinical waste bag - no gloves, no other PPE, and hopefully no infection resulting from such stupidity. Who allowed that to happen?

I was also concerned to hear how our two heroines "discovered" that clinical waste management is below a level that could be considered acceptable, that bags were left in corridors, that bags and bins become bloodstained inside and outside, and that bulk waste carts are often left unlocked and insecure. Perhaps they had read Standards of Clinical Waste Management in UK Hospitals? Poor clinical waste management standards are the norm, and if it helps raise the profile of this generally overlooked issue and improves waste management standards in UK hospitals then that will be just fine.



Unlocked bins. Overflowing bins. Bins in corridors and doorways. Just an everyday tale of NHS waste management standards

Some recent publications

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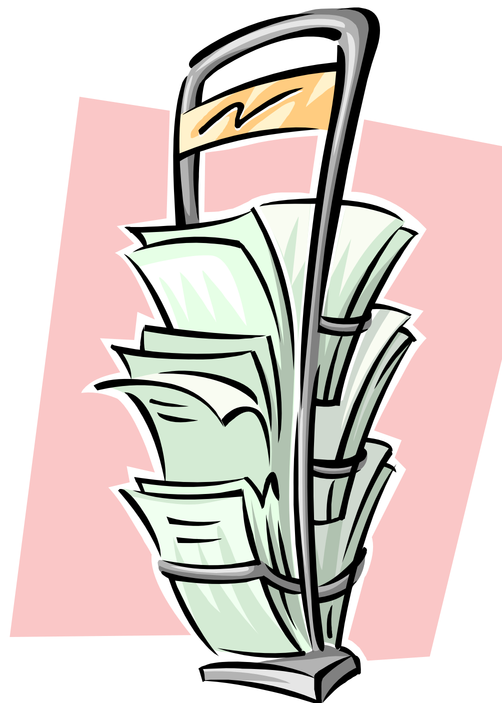

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We will continue to list relevant publications with each issue, but do not pretend to provide a fully comprehensive list. If you are aware of any interesting or informative publications, including Company guides and other publications available for download, that will be of interest to the Clinical Waste community, please put a message on the ***Clinical Waste Discussion Forum***.